

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION President		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			210 King Street			(415) 396-9105
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
[REDACTED]	[REDACTED]	[REDACTED]	San Francisco,	CA	94107	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) March 11				BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
DATE	TIME													
2	11:00 12:50	San Francisco										53.27	53.27	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0	0.00	53.27	
COLUMN CODE (ACCTG. USE ONLY)														

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

53.27

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/2/11 - Business lunch meeting pertaining to Recruitment of Chairman. (3 persons)

(12) NORMAL WORK HOURS	
------------------------	--

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

55

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California, if a privately owned vehicle was used, and the mileage has exceeded the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S NAME	DATE
[REDACTED]	4/20/11
TITLE (See Item 17 on reverse)	

(16) [REDACTED] AND PAYMENT

DATE \_\_\_\_\_

DATE \_\_\_\_\_